

SCHEDULE 1 (Form 5):**Statement of Receipts and Disbursements**

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Past	Present				Future	
	Actual Results Prior Period:	Approved Budget Period Just Ended:	Actual Results	Deviation from Budget	Deviation as Percent	Budget Current Year	Change Requested
1 Enter the start date of each Period:	___/___/20__	___/___/20__		Column C minus Column B	Column D divided by Column B and multiplied by 100	___/___/20__	Column F minus Column C
2 Enter the end date of each Period:	___/___/20__	___/___/20__				___/___/20__	
Receipts (Money Received):							
3 Retirement and Disability Income							
4 Annuities, Structured Settlements and Trust Income							
5 Wages and Earned Income							
6 Investment and Business Income							
7 Other Receipts (Attach Schedule)							
8 Total Receipts (add lines 3 through 7)							
9 Assets/Liabilities as Receipts (see instructions)							
10 Total Income included in Receipts (Line 8 minus Line 9)							
Disbursements (Money Spent):							
Spent for Protected Person:							
11 Housing, Food and Care							
12 Medical Costs							
13 Dignity Funds							
14 Debt service on Liabilities							
15 Discretionary Expenditures							
16 Other for Protected Person (Attach Schedule)							
17 Total for Protected Person (add lines 11 through 16)							
Spent for Administration:							
18 Fiduciary Fees & Costs							
19 Fiduciary's Attorney Fees & Costs							
20 Protected Person's Attorney Fees & Costs							
21 Other Administration (Attach Schedule):							
22 Total Administration (add lines 18 through 21)							
23 Total Disbursements (add lines 17 and 22)							
24 Assets/Liabilities as Disbursements (see instructions)							
25 Total Expenses in Disbursements (Line 23 minus Line 24)							
26 Total Surplus/(Shortfall) (line 8 minus line 23)							
27 Net Income/(Net Expenses) (line 10 minus line 25)							